

# Building Utilization Request



## Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

Part I - To be completed by organization requesting building utilization

Date(s) <b>17-May-18</b>		Setup Time	Tear Down Time	Date Request Submitted <b>March 1, 2018</b>
Activity: Day(s) <b>Friday</b>				Room(s) / Area Requested: <b>All of Cafeteria</b>
Event Time(s) <b>8:00 to 9:30</b>				
Name of Organization and Event Being Held <b>Career Development, Table Top breakfast</b>		Number of Persons Attending Meeting <b>55</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person:		Business Name:		
Phone Numbers: Home: Work:		Contact Person:		
Cell:		Phone Number:		
PCTC Requested Services: (Identify No. Needed)		Address:		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts Room Setup      Electronic <input checked="" type="checkbox"/> Microphone      Drinks Tables <input checked="" type="checkbox"/> Ovrhd. Proj.      Snacks Chalkboard      Video Camera <input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lectern      Video Recorder      Luncheon Coat Racks      Internet Access      Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify:		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event:		

Part II - To be completed by PCTC Personnel

### Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers.

Rental .....

Custodial Services .....

Food Services .....

Other .....

**Total Fee Estimate** .....

**Note:** Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

Action Taken	Date	By
Approved and Booked	3/2/2018	WYS
Billed for Services		
Referred to Board		

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount of \$ \_\_\_\_\_ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

Signature (person in charge of activity)  
Date:

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!